



CITY OF OLIVE HILL UTILITIES

225 Roger Patton Drive • Olive Hill, KY 41164
phone 606.286.2192 • fax 606.286.8538

The City of Olive Hill's Automatic Payment Plan is here!

**NOW YOU CAN PAY YOUR UTILITY BILL FROM YOUR CHECKING OR SAVINGS ACCOUNT AUTOMATICALLY.
(NO CHECK TO WRITE OR STAMPS TO BUY). IT'S FREE, FAST AND EASY.**

Q: HOW DO I SIGN UP?

A: Simply complete and return this form and include a voided check (for checking accounts) or a deposit slip (for savings accounts).

Q: HOW SOON WILL THE AUTOMATIC PAYMENT PLAN START?

A: Immediately.

Q: IS THERE A CHARGE FOR THE SERVICE?

A: No. The City does not charge you for automatic payments *at this time* and you enjoy the savings of no postage to mail your bills!

Q: HOW CAN I BE SURE MY BILL HAS BEEN PAID?

A: Your monthly bank statement will clearly reflect the automatic payment.

Q: WHAT IF I HAVE A QUESTION ABOUT MY BILL?

A: Call the City Utility Billing Department at 606-286-2192 immediately upon receipt of your bill.

Q: WHAT IF I CHANGE BANKS OR ACCOUNTS?

A: Call us at 606-286-2192. We will send you a new authorization form to complete.

Q: WHAT IF I TRY THE AUTOMATIC PAYMENT PLAN AND DON'T LIKE IT?

A: You can cancel your authorization for automatic payment at any time. Simply notify us in writing regarding the cancellation.

Q: WHEN WILL THE PAYMENT BE TRANSFERRED FROM MY CHECKING OR SAVINGS ACCOUNT?

A: The payment will be transferred on the 10th of each month. *(if the 10th falls on a weekend or holiday payment will be transferred the following business day).*

****The City of Olive Hill will not be held responsible for transactions processed before/after date above and/or difference in amounts.****



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AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

Please enroll me in the City of Olive Hill's Automatic Payment Program. I authorize the City of Olive Hill to collect payment of my utility bill by initiating debit entries (deductions) to the bank account shown on the attached voided check (required for checking accounts) or deposit slip (savings accounts only). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law and that I will pay a \$25.00 fee for each rejected debit to my account. I understand that this authorization will continue in force unless discontinued at my written request with a 30 day notice or by the City of Olive Hill for legitimate reason.

UTILITY ACCOUNT INFORMATION

UTILITY ACCOUNT NO: _____ - _____ - _____

Name of Utility Account Holder (please print): _____

E-mail address [Optional (please print)]: _____

Address (please print): _____

City: _____ State: _____ Zip: _____ Phone: _____

FINANCIAL INSTITUTION ACCOUNT INFORMATION

(Name of Financial Institution)

(Address of Financial Institution) (City) (State) (Zip)

Signature: _____ Date: _____

Checking/Savings Account Number: _____

Bank Routing Number: _____

(between these symbols : : on the bottom left of your check)

Indicate form of payment CHECKING _____ (attach voided check) SAVINGS _____ (attach deposit slip)

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